

Ashland County Cancer Association



1011 East Main Street, Suite B | Ashland, Ohio 44805

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ashlandcocancer@gmail.com

Monday-Thursday, 9:00 am - 4:00 pm

Client and Physician's office,

The Ashland County Cancer Association, Board of Trustees, requires all cancer patients receiving our services to have a completed diagnosis form on file. Please have your physician, oncologist, or medical staff complete the information below and return it to us as soon as possible, to prevent an interruption of services. It can easily be returned by fax, mail, drop-box, or in-person. Please call with any questions or concerns, we are here to help!

Warmest regards,

Angela Woodward

Executive Director

The below information is to be completed by a physician, oncologist, or medical staff personal within 60 days of registering with the Ashland County Cancer Association.

Name of Patient: _____

Cancer Diagnosis: _____

Physician's Name (printed): _____

Signature of Physician: _____

Date: _____